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VIA FACSIMILE: (571) 273-8300

PATENT  
RAN01 P-309A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3677  
Examiner : Michael J. Kyle  
Applicants : James Kiefer and Robert N. Alt, Jr.  
Serial No. : 10/650,628  
Filing Date : August 28, 2003  
For : AUTOMOBILE HINGES

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: (571) 273-8300

Dear Sir or Madam:

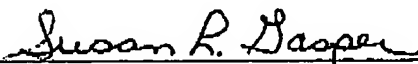
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (12 pages)

YOU SHOULD RECEIVE A TOTAL OF 15 PAGES.

Date: April 21, 2006

  
\_\_\_\_\_  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhart, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
(616) 975-5500

TAF/slg

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Alexandria, VA 22313-1450  
Via Facsimile: 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 34	Minus	** 38	= 0	x \$25	\$ .00	x \$50	\$ 0.00
Independent Claims	* 4	Minus	*** 4	= 0	x \$100	\$ .00	x \$200	\$ 0.00
First Presentation of Multiple Dependent Claims					\$180	\$ .00	x \$360	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ .00		\$ 0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN &amp; BURKHART, LLP

Date: April 21, 2006

By   
Timothy A. Flory, Registration No. 42 540  
2851 Charlevoix Drive, S.E.  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695

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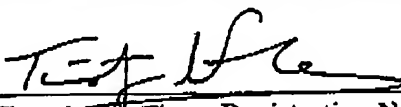
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**RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE EXAMINING GROUP 3677**

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**Dear Sir:**

**RESPONSE**

**This is in response to the Office Action mailed February 24, 2006.**

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 11 of this paper.